U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 10738	2. Fiscal Year Covered From:	
	1 / 1 / 2005 Through: 12 / 31 / 2005	
3. Name and address of person filing.	4. Name, file number, and acdress of labor organization.	
Name Denny E Cregut	Name United Steelworkers Local 14693	
	Labor Organization File Number 029 - 062	
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 605 North Main Street	Street 451 Adams Avenue	
City Houston	City Canonsburg	
State Pennsylvania ZIP Code + 4 15342	State Pennsylvania ZIP Code + 4 15317	
5. Position in labor organization. Finacial Secretary		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trado name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	7.b. Amount.	
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 12 F. Crey	On 5/11/2005 724-746-1092	
A fire	Date Telephone Number	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: a, Labor Organization Trade Name, if any: b, Trust P.O. Box, Bldg., Room No., if any c. Employer Street City ZIP Code + 4 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. ZIP Code + 4 State

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. 4-10-2005 business meeting/golf outing during	
Name Highmark Inc.	convetion discussions on conventiontopics and inf	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 120 Fifth Avenue		
City Pittsburgh		
State Pennsylvania ZIP Code + 4 15222-3099		
13.b. is the Business an Employer or Consultant X ?	14.b. Amount of payment.	

12.b. Amount.

Name of Person Filing Denny	Cregut	File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Highmark Inc.	8-30-05 attended golf outing hosted by Highmark which contained a presentaion of current issues	
·	of importance to Highmark and it,s customers. plus I won an individual prize	
Trade Name, if any:	<u> </u>	
P.O. Box, Bidg., Room No., if any		
Street 120 Fifth Avenue		
City Pittsburgh		
State Pennsylvania ZIP Code + 4 15222-3099		
13.b. is the Business an Employer or Consultant X ?	14.b. Amount of payment.	
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	
C. Received from any employer (other than an employer covered under parts A	and B above) or from any labor relations consultant to an employer any	
payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
	14,b. Amount of payment	
13.b. Is the Business an Employer or Consultant?		

Part C Continuation Page		
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Highmark Inc.	Attended a meeting with Highmark Reps abuot improving service especially to retirees attended	
Trade Name, if any:	Pittsburgh Penguin game. Took a retiree. with me.	
P.O. Box, Bldg., Room No., if any		
Street 120 Fifth Avenue		
City Pittsburgh		
State Pennsylvania ZIP Code + 4 15222-3099		
13.b. Is the Business an Employer or Consultant X ?	14.b. Amount of payment.	
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Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	
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Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	